

Overview of 2020 portfolio-level findings: Nigeria

Annual FP Partners Meeting

March 16-17th, 2021





Nigeria portfolio theory of change and data sources

A portfolio evaluation

Investment Portfolio

Theory of Change: BMGF Nigeria investment portfolio

FP CAPE's research questions are based on a Theory of Change that defines and monitors causal linkages, starting with portfolio investments and moving to increased national mCPR.

National/state-level development

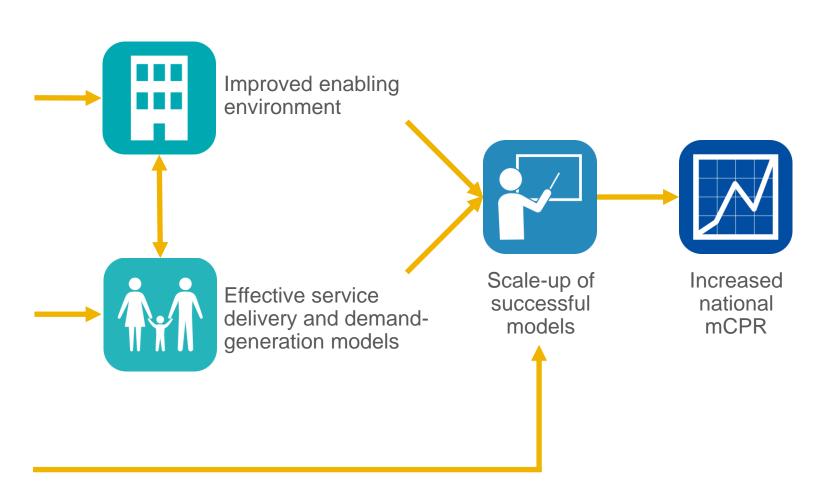
- Advocacy
- Government of Nigeria capacity
- Data generation and use

Model testing and learning

- Demand-generation models
- Primary health care service delivery models
- DMPA-SC through the private sector

Replication & scale-up

- Scale up of successful models
- Scale up of DMPA-SC



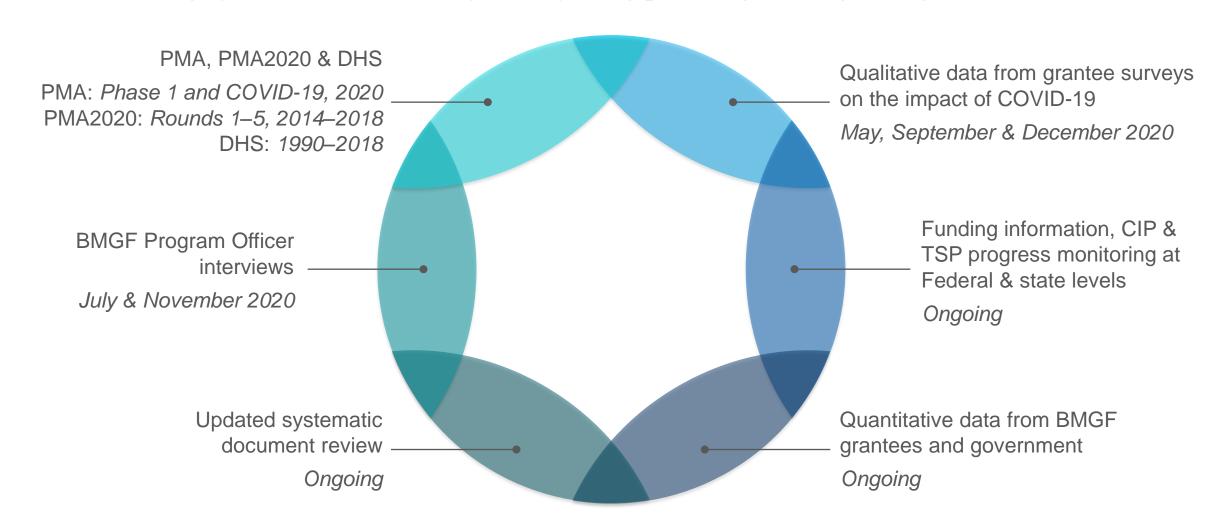
Nigeria investment portfolio: Critical assumptions

FP CAPE's research agenda is driven by explicit critical assumptions underlying the portfolio Theory of Change (ToC).

Project area	Critical assumptions			
Enabling environment	 Advocacy outcomes contribute to increases in domestic funding for FP as well as visibility of family planning (FP) Advocacy efforts lead to the operationalization of Task-Shifting & Task-Sharing Policy (TSP) Targeted support to FMoH/SMoH strengthens donor coordination and CIPs Strong measurement drives performance Demand generation models result in large scale social norm change PHC service delivery models increase quality and access to services Introduction of new methods generates new demand for services, especially among youth The Task-Shifting & Task-Sharing Policy increases access to FP 			
Effective service delivery and demand generation models				
Scale up of successful demonstration models	 Contributing to national conversation on FP enables successful adoption of models Strong CIPs and donor coordination support model scale-up High quality data influences scale-up decisions Demonstration models seen as relevant and feasible models by other states Matching funds and TA will incentivize scale-up of effective demonstration models 			
Increased national mCPR	► Model programs remain effective when scaled up by others in new context			

FP CAPE synthesizes a variety of Nigerian data sources

We utilize qualitative and quantitative information, including our own data-collection activities to add to the body of evidence on BMGF-funded family planning activity in Nigeria.





Nigeria findings

Targeted evaluation findings and new results



Enabling environment

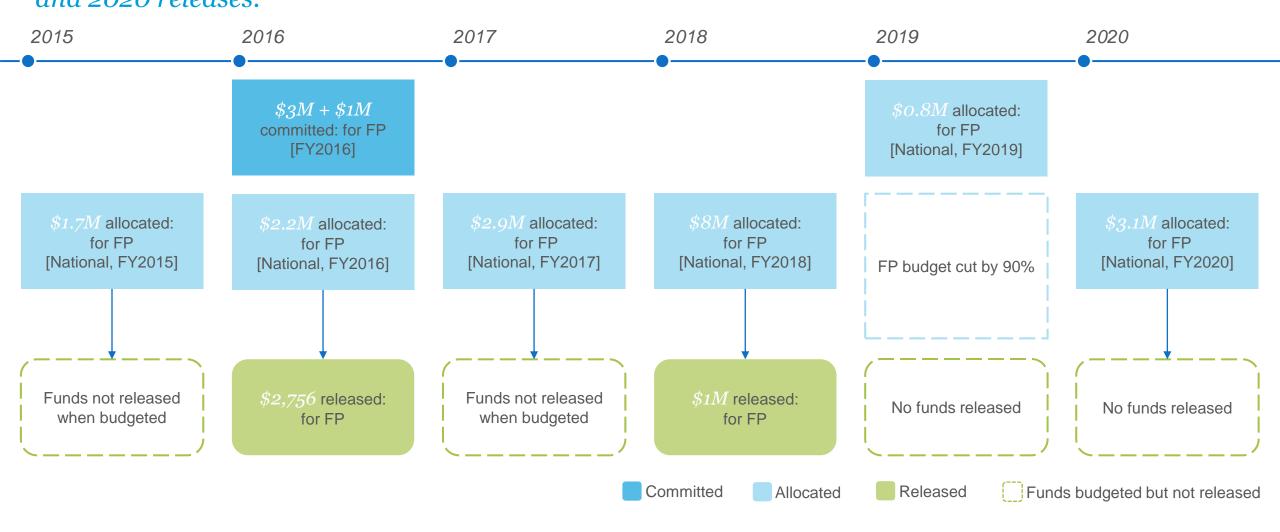
Nigeria findings

Nigeria government FP funding status (national)

ToC critical assumption

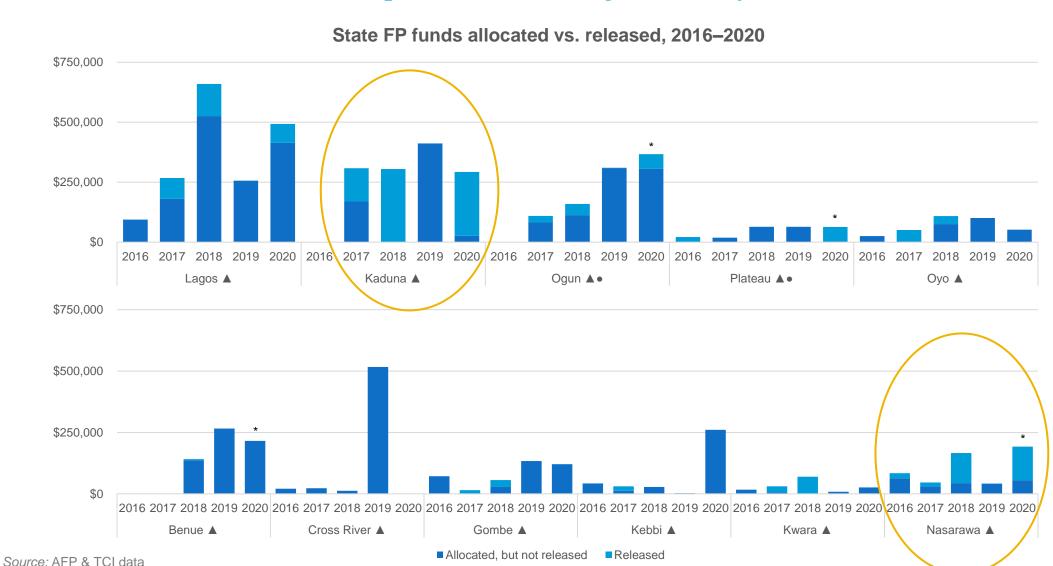
Advocacy outcomes will contribute to increases in domestic funding for FP as well as visibility of FP

More than \$3.1M was promised for national FP programs in 2020; however, there were no releases. The FMoH has recently submitted memos requesting for both the 2019 and 2020 releases.



State funding status, 2016–2020

Over the last five years of tracking state funding data, we find that some states (Kaduna, Nasarawa) have improved at releasing allocated funds.



ToC critical assumption

Advocacy outcomes will contribute to increases in domestic funding for FP as well as visibility of FP

Currency conversion using average annual rate.
Numbers rounded to nearest hundred.

*State funding also includes FP allocations from Saving One Million Lives and Adolescent & Youth Sexual Reproductive Health (AYSRH).

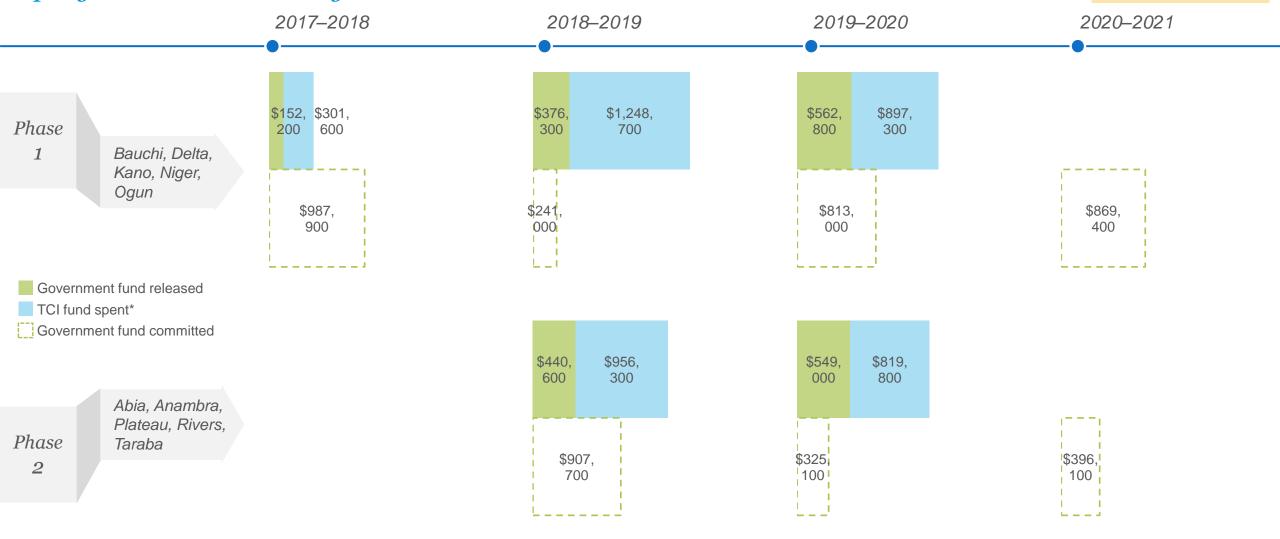
▲ AFP state ● TCI state

TCI state matching fund: Committed vs. released

By June 2020, 10 TCI states released \$2.1 million out of \$3.3 million committed for FP programs. Plateau is only state that has met and exceeded its total commitment to date.

ToC critical assumption

Advocacy outcomes will contribute to increases in domestic funding for FP as well as visibility of FP



*TCI's total spend refers to fund released for field implementation of interventions from the state workplan. It does not include other TA, HR, advocacy and social mobilization activities.

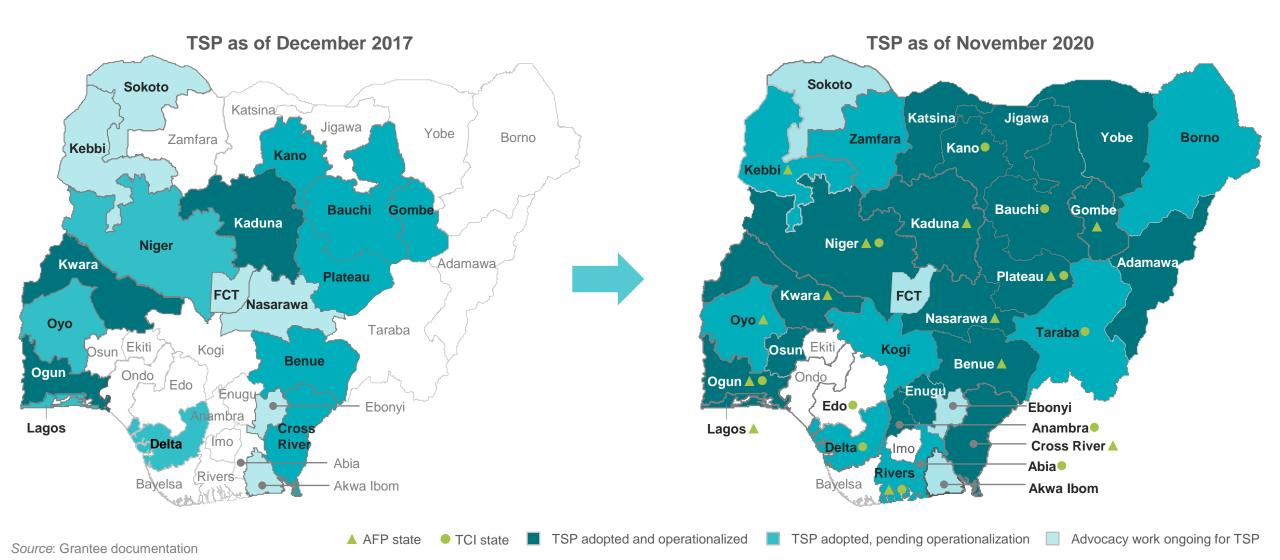
Currency conversion (if not converted in grantee documentation) was converted at average annual rate. Numbers rounded to nearest hundred.

TSP operationalization across states

In 2020, there are five additional states engaged in the Task-Shifting Task-Sharing policy (TSP) process.

ToC critical assumption

Advocacy efforts lead to the operationalization of Task-Shifting & Task-Sharing policy (TSP)

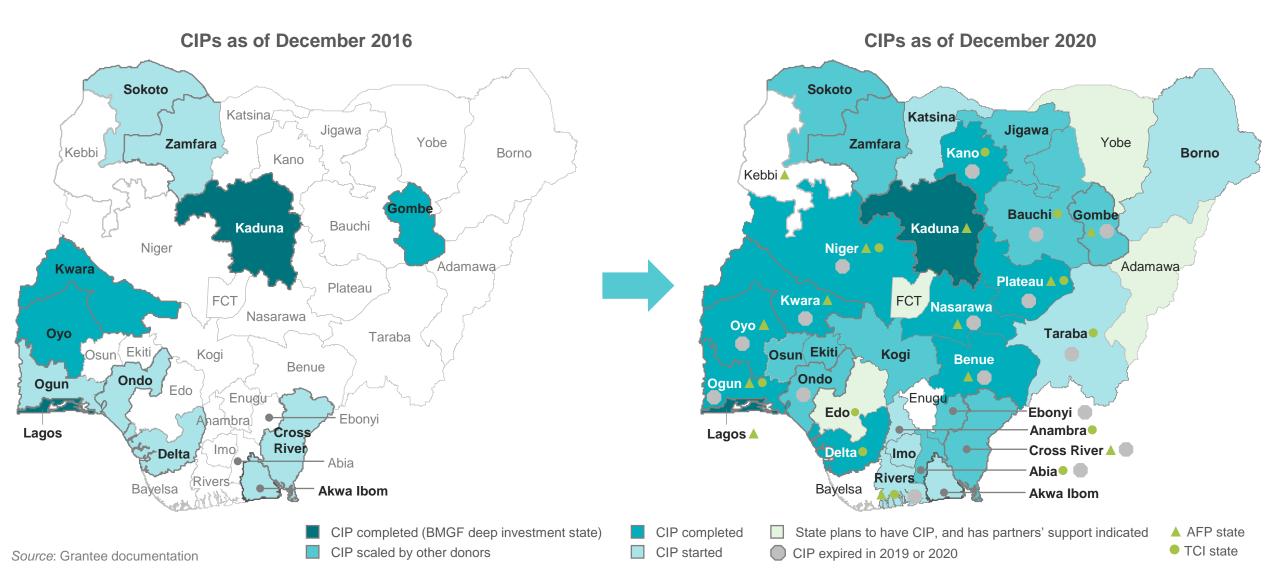


CIPs progress updates

ToC critical assumption

Targeted support of FMoH/SMoH strengthens donor coordination and CIPs

The FMoH completed the revision of the National FP Blueprint. However, there have been delays in the CIPs progress due to COVID-19, availability of consultants & funding.





Model testing and learning

Nigeria findings

Grantees testing FP models in Lagos

PMA's Phase 1 data are only available for Lagos and Kano states; we analyze Lagos data to assess performance of model testing and learning program activities.















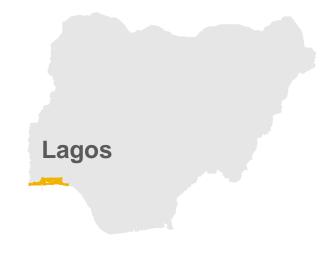


mPharma











Model testing: Demand generation

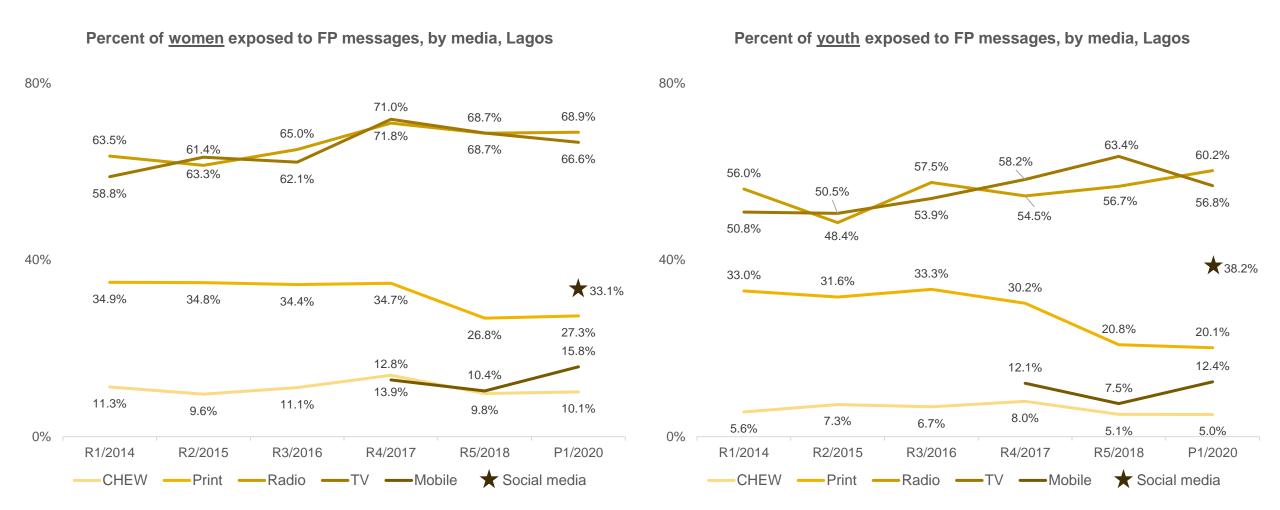
Nigeria findings

Exposure to FP messages by media source

ToC critical assumption

Demonstration models result in large scale social norms change

In Lagos, women's exposure to FP messages from most sources has been stable or declining slightly since 2017. Mobile devices and social media are emergent sources of FP messages for both groups.



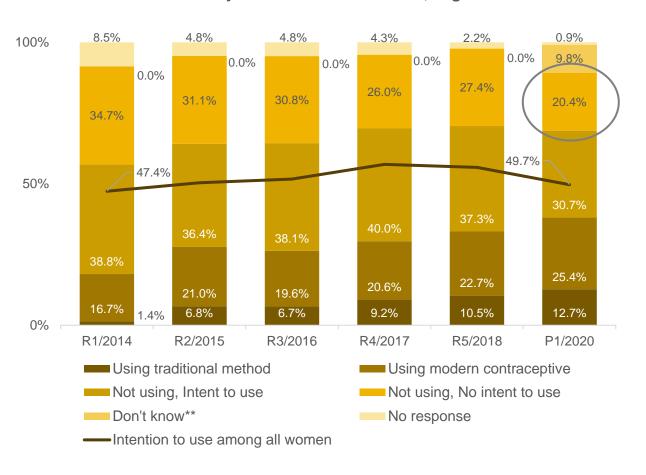
Source: PMA2020 data (R1-R5 and P1, Lagos)

Intention to use FP among all women and youth

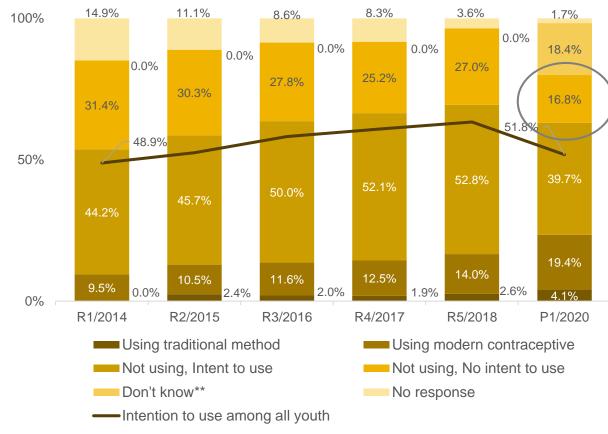
ToC critical assumption

Demonstration models result in large scale social norms change

Percent of <u>women</u> non-users who intend to use, and distribution of all women by use and intention status, Lagos



Percent of <u>youth</u> non-users who intend to use, and distribution of all youth by use and intention status, Lagos





Model testing: Service delivery

Nigeria findings

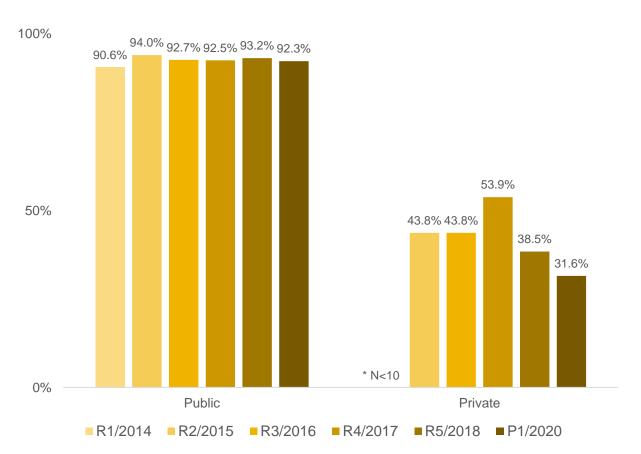
Availability of FP services at facilities and PPMVs

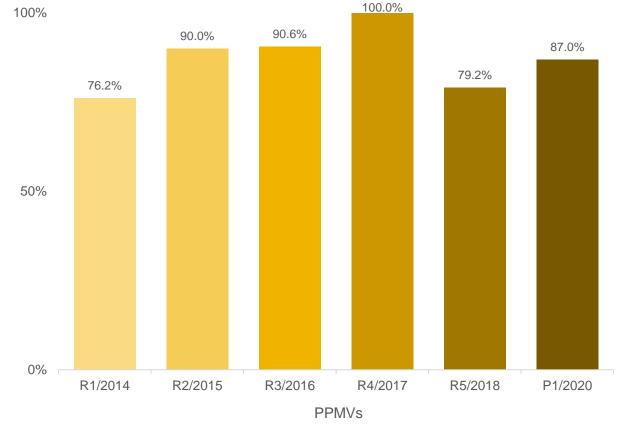
ToC critical assumption

PHC service-delivery models increase quality and access to services

Percent of facilities offering at least five modern FP methods, Lagos*

Percent of PPMVs & chemists offering modern FP methods, Lagos**





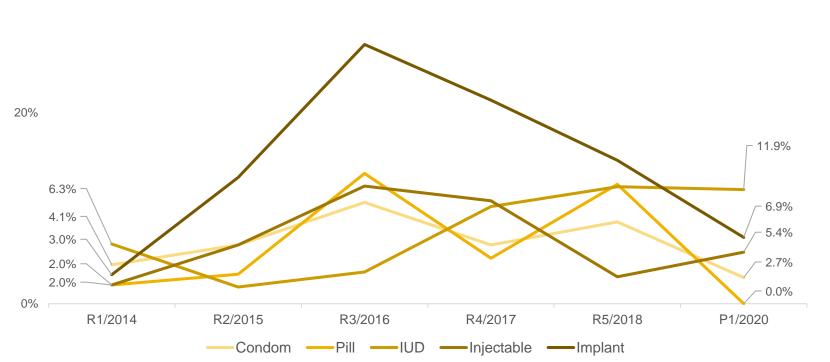
Access to services: Method stockouts

ToC critical assumption

PHC service-delivery models increase quality and access to services

The most recent PMA surveys indicate a decline in stockouts of most methods in Lagos, especially for implants and pills.

Percent of public facilities with stockouts in the last 3 months by method, Lagos**



**N ranges from 33 for implants in 2014 to 74 for pills and injectables in 2020.

"The stockout we used to have is implants. But now, that would not be a serious [problem]... Before the next month, you must analyze what are your usage and your balance. Once you're really doing it, you won't have stockouts except if we don't have the commodities from the State." – Health facility staff, Lagos

"When you have a little of commodities, maybe two or three balance, and you don't have more, you can request from other facilities that have more than what you have. So it will not make your facility to stock out of anything once you order on time." – Health facility staff, Lagos

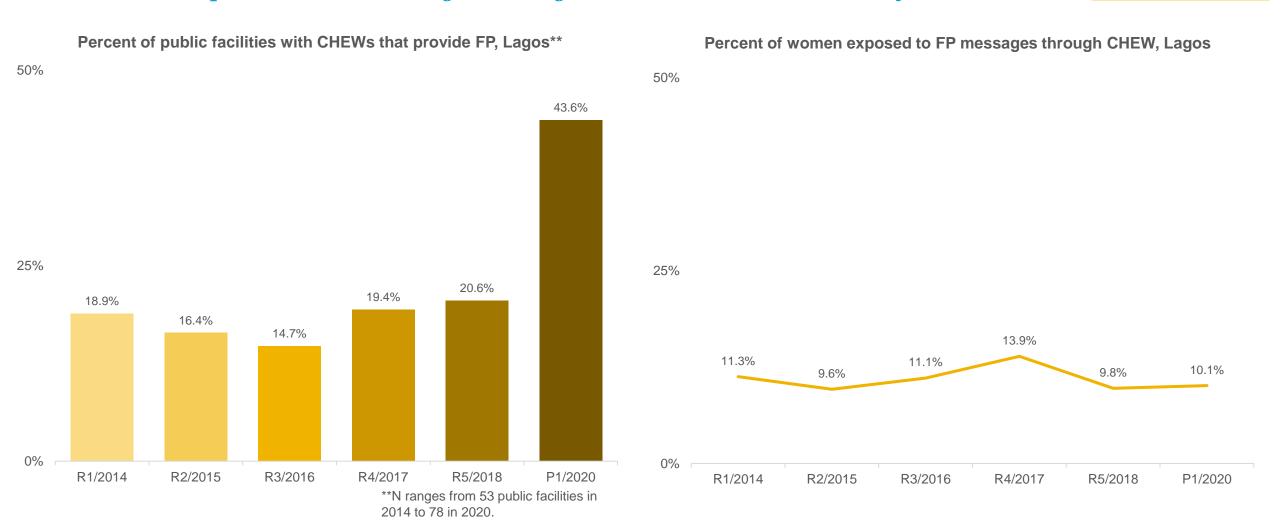
40%

Access to services through CHEWs

ToC critical assumption

PHC service-delivery models increase quality and access to services

The percent of facilities with CHEWs that provide FP jumped in 2020 after a long flat trend, while exposure to FP messages through CHEWs remains low and flat.



Where women get their methods

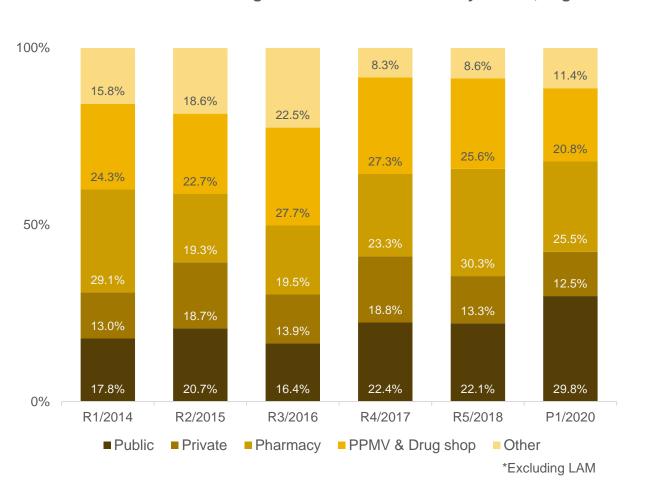
ToC critical assumption

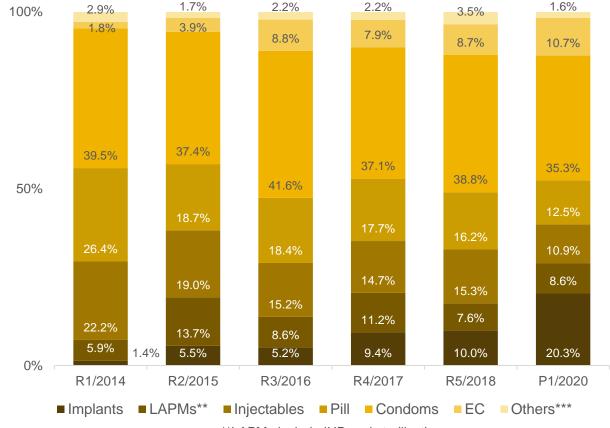
PHC service-delivery models increase quality and access to services

In Lagos, there has been a notable shift in the percentage of women getting their methods from public facilities rather than pharmacies and PPMVs.

Percent of women obtaining current modern method* by source, Lagos

Percentage distribution of modern method users by method type, Lagos





^{**}LAPMs include IUD and sterilization

^{***}Other methods include LAM and beads/others

Use of DMPA-SC

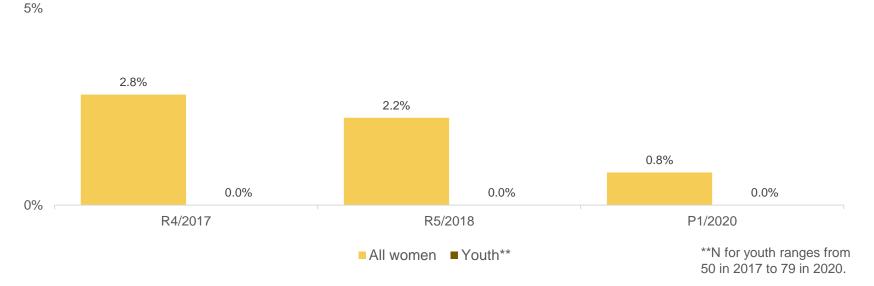
In Lagos, use of DMPA-SC decreased among all women while no youth surveyed reported using DMPA-SC.

ToC critical assumption

Introduction of new methods generates new demand for services, especially among youth

Percent of modern users using DMPA-SC among all women & youth, Lagos





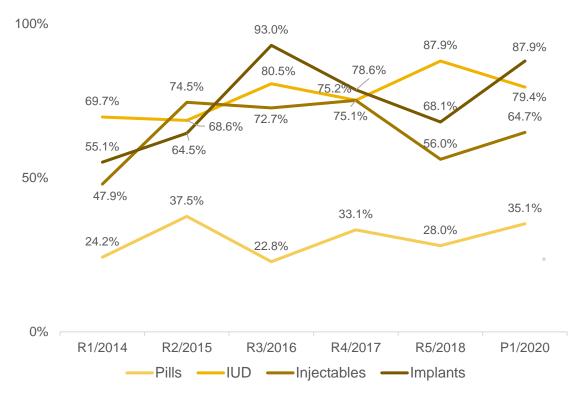
Service delivery quality: Side-effect counseling

ToC critical assumption

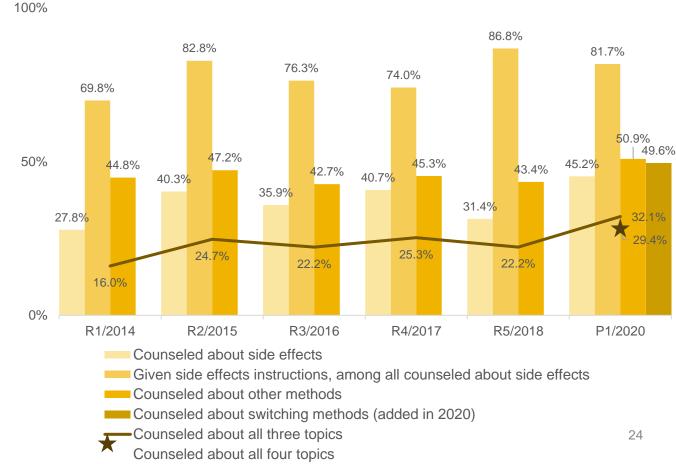
PHC service-delivery models increase quality and access to services

In Lagos, the percentage of users counseled about side effects has fluctuated around a general modest upward trend for IUD and implants. There is a small upward trend in users receiving multiple components of counseling, but the level is still relatively low.

Women counseled on side effects for current modern method by method, Lagos



Women using modern methods who received counseling components during FP visit, Lagos

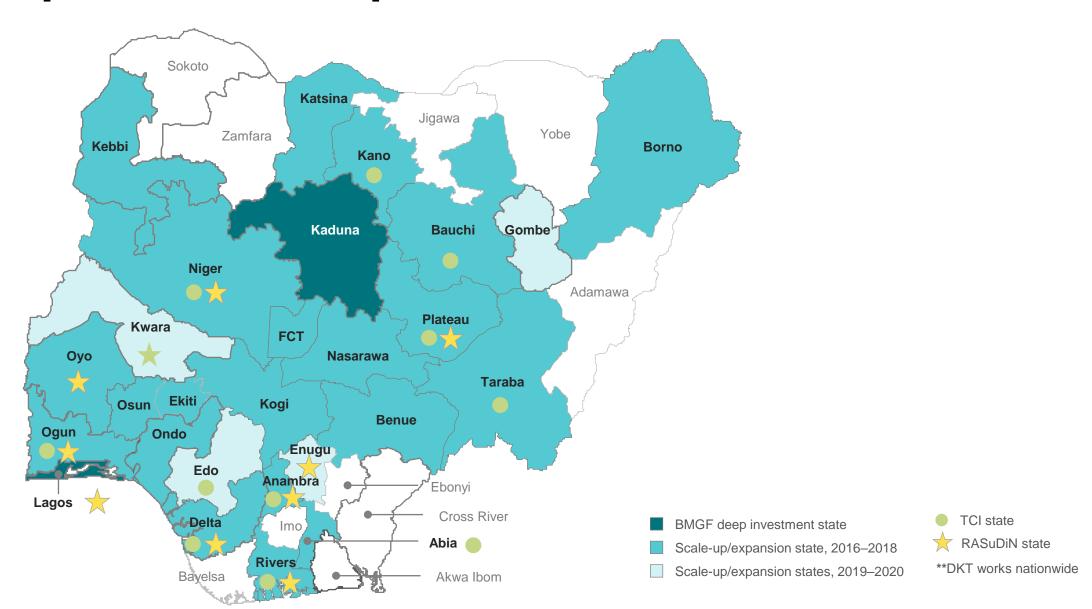




Replication and Scale-up

Nigeria findings

Scale-up and BMGF expansion



Grantees scaling up FP models in Kano

We analyze PMA's Phase 1 data for Kano state to assess the replication and scale-up of program activities.





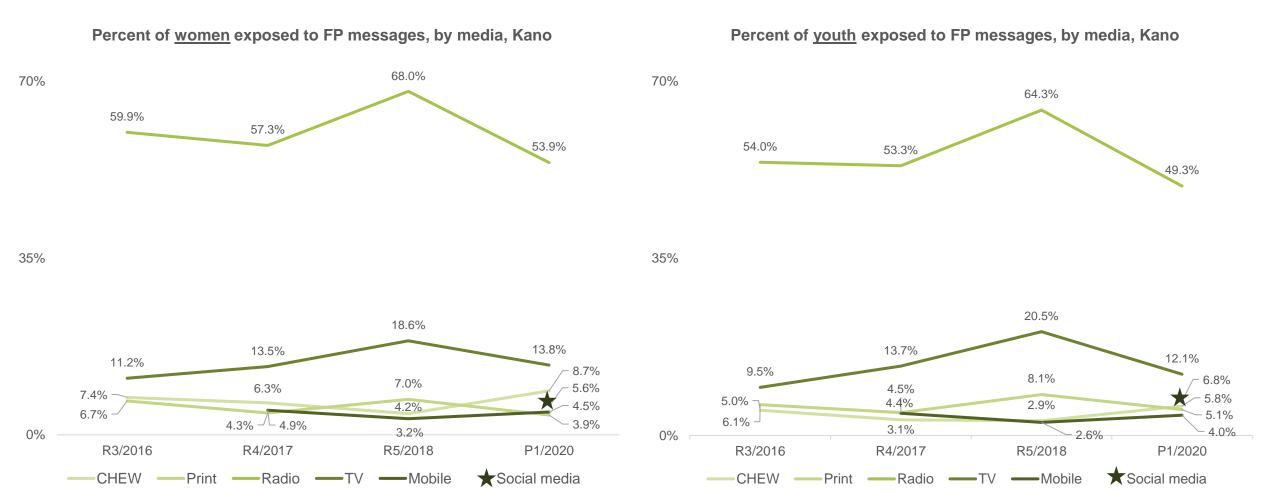


Scale-up: FP message exposure

ToC critical assumption

Model programs remain effective when scaled up by others in new contexts

In Kano, radio remains the dominant channel for women and youth's exposure to FP messages although reach of radio messages fell in 2020. FP exposure through other channels is low.

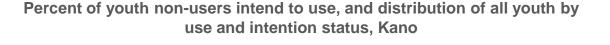


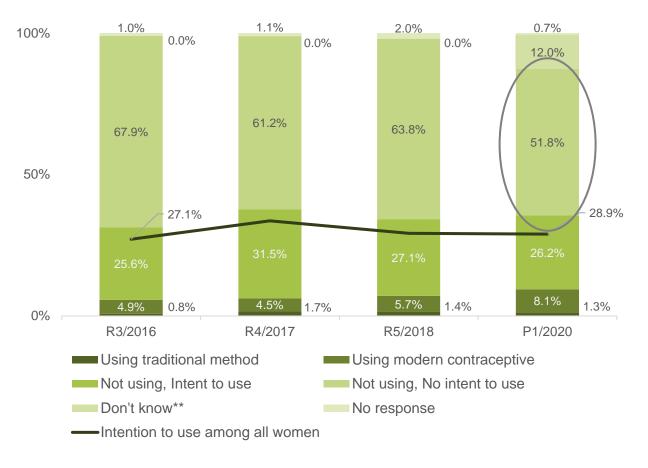
Scale-up: Intention to use FP: women and youth

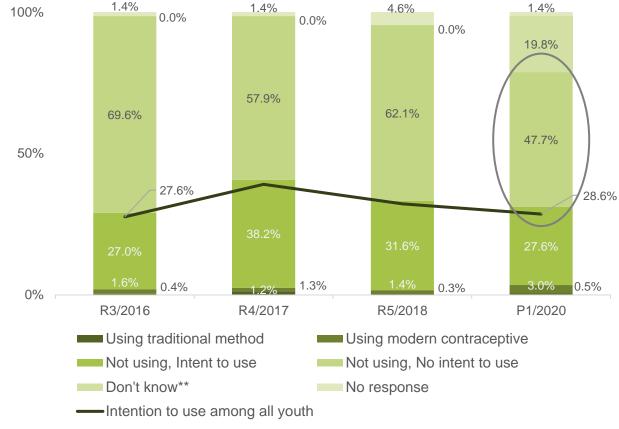
ToC critical assumption

Model programs remain effective when scaled up by others in new contexts

Percent of women non-users who intend to use, and distribution of all women by use and intention status, Kano







**In P1/2020, PMA added a "don't know" category to the response for intention to use. About 12% and 20% of women and youth responded "don't know" respectively. This change will affect the trend in the intention to use indicator..

Scale-up: Availability of FP services

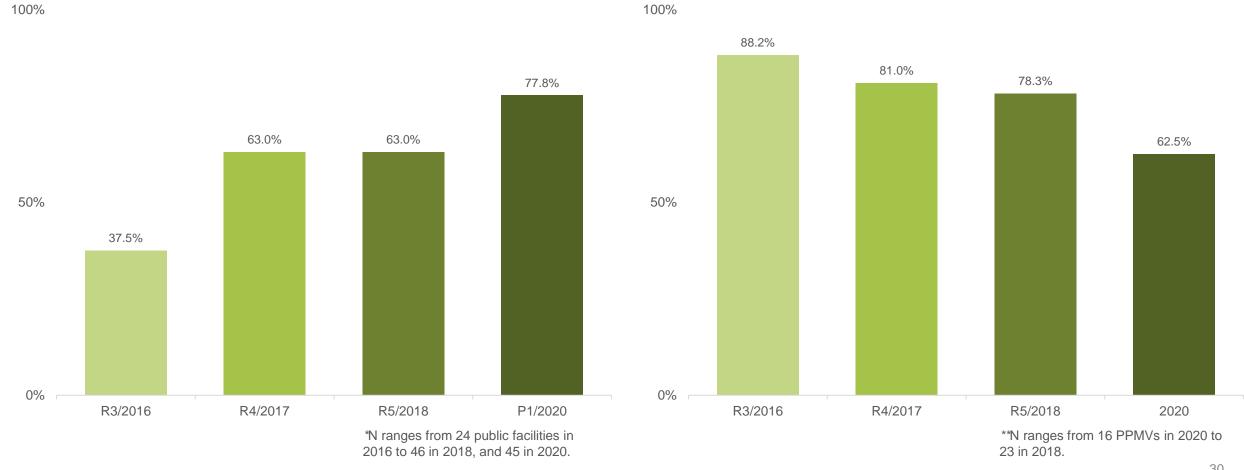
ToC critical assumption

Model programs remain effective when scaled up by others in new contexts

More public facilities in Kano are offering five or more FP methods in 2020. However, there has been a decline in PPMVs and chemists offering modern FP methods.

Percent of public facilities offering at least 5 modern FP methods, Kano*

Percent of PPMVs & chemists offering modern FP methods, Kano**



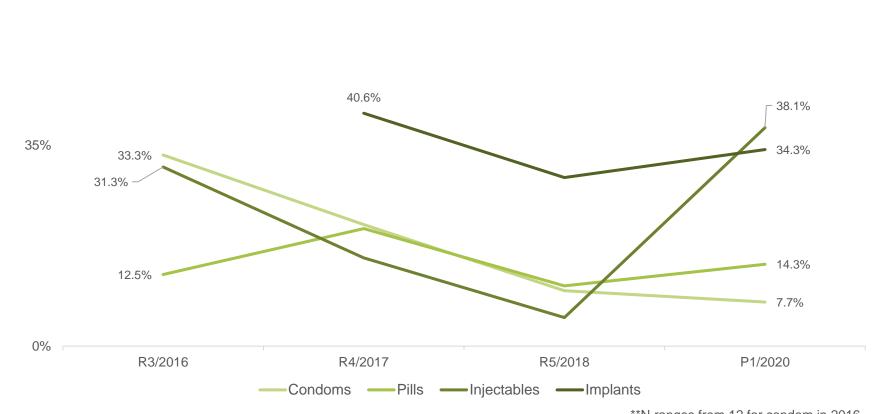
Scale-up: Method stockouts

PMA data show more than one in three public facilities reported a recent stock out of injectables and implants in 2020.

ToC critical assumption

Model programs remain effective when scaled up by others in new contexts

Percent of public facilities with stockouts in the last 3 months by method, Kano**



70%

Scale-up: Where women get their methods

ToC critical assumption

Model programs remain effective when scaled up by others in new contexts

1.4%

1.9%

15.1%

39.9% 4.1%

37.6%

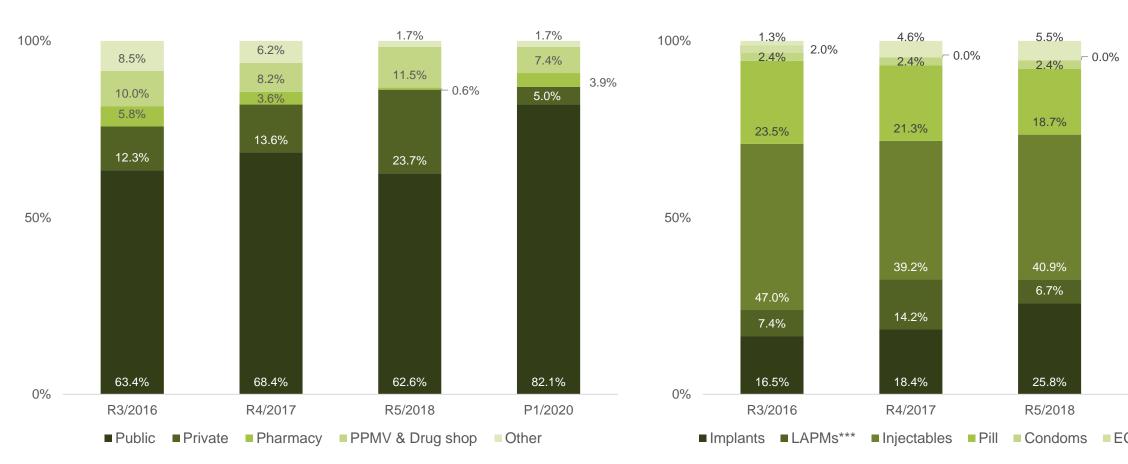
P1/2020

Others****

0.0%

Percent of women obtaining current modern method* by source, Kano**

Percentage distribution of modern method users by method type, Kano



^{*}Excluding LAM

***LAPMs include IUD and sterilization

****Other methods include LAM and beads/others

^{**}N for women ranges from 68 in 2017 to 91 in 2020.

Scale-up: DMPA-SC use

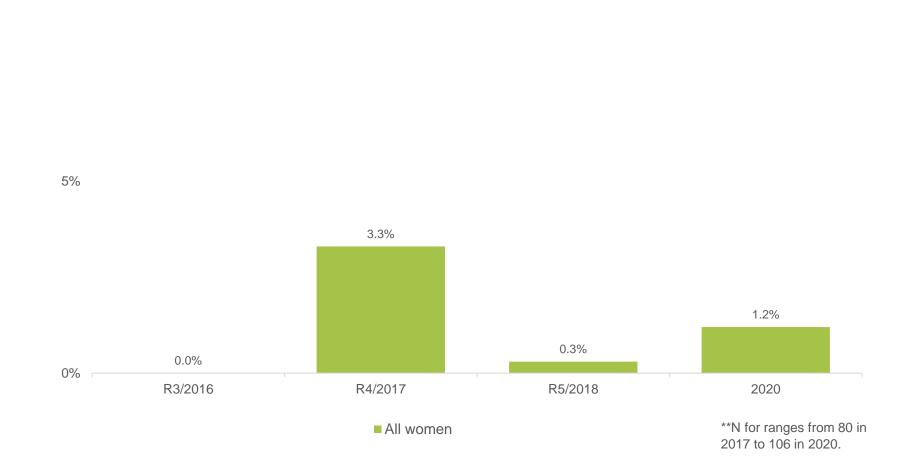
10%

ToC critical assumption

Model programs remain effective when scaled up by others in new contexts

In Kano, reported use of DMPA-SC is very low among women and youth except in 2017.

Percent of modern users using DMPA-SC among all women Kano**



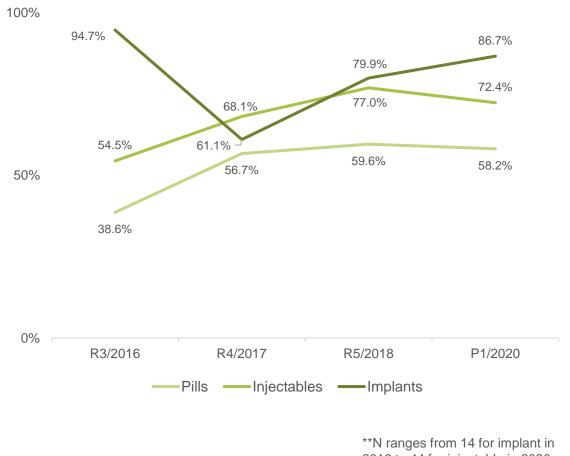
Scale-up: FP counseling

ToC critical assumption

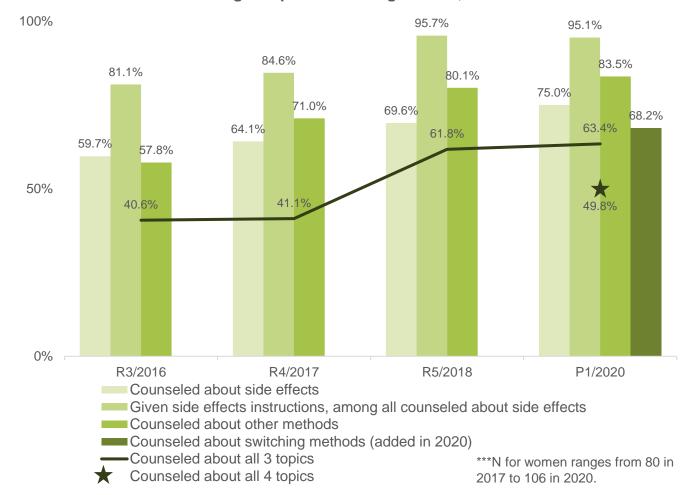
Model programs remain effective when scaled up by others in new contexts

In Kano, the percent of users counseled about side effects has generally been increasing since 2016. There is an upward trend in users receiving multiple components of counseling.

Women counseled on side effects for current modern method by method, Kano**



Percent of women using modern methods who received counseling components during FP visit, Kano***



2016 to 44 for injectable in 2020.

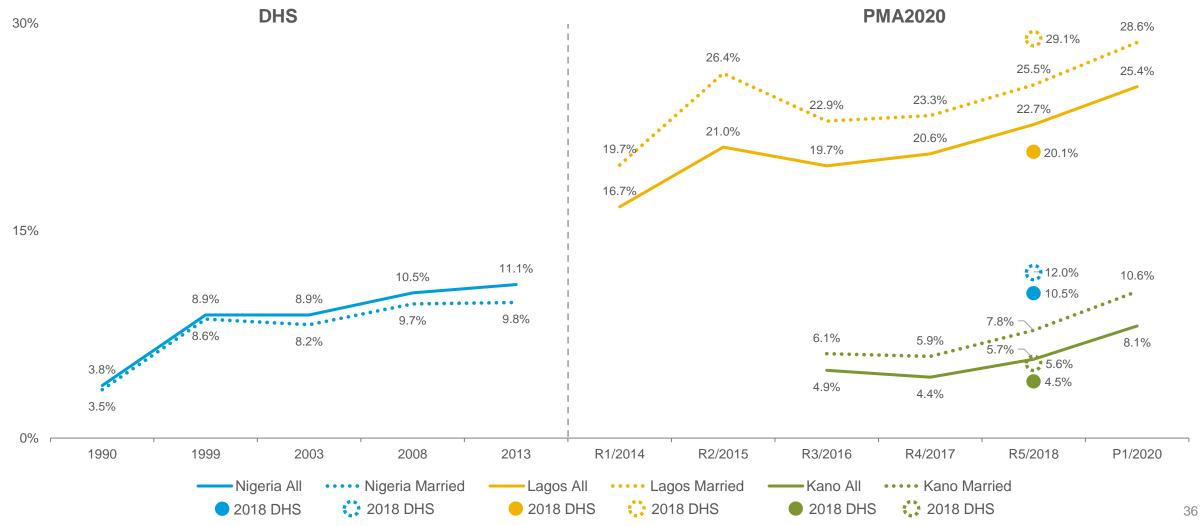


Impact and Conclusion

Nigeria findings

Summary dashboard: Impact

mCPR is trending upwards for all women and married women in both Lagos and Kano. Although FP use is still low in Kano, the mCPR has almost doubled since 2017 when TCI started implementation in the state.



Overall portfolio progress

Positive Mixed Negative







ToC segment		Area	Status	Details
Enabling environment		National		 COVID-19 exacerbated low funding releases and delayed CIP revisions TSP roll out continuing and rapid response to COVID-19 in policies and guidelines
Model testing (Lagos)		Demand generation		 Flat exposure to FP messages and intention to use Social media and mobile phones emergent FP media channels
		Service delivery		 Declines in stock outs of most methods, especially pills and implants Diverse sources of FP allowed users to adapt their FP source during lockdown
Scale-up (Kano)		Demand generation		 Decline in exposure to FP messages on radio Flat intention to use among women and youth
		Service delivery		 Increased availability of 5+ methods in public facilities Increases in counseling on side effects and other items High stockouts of implants and injectables
Impact		Lagos		 mCPR is increasing No drop in mCPR due to COVID-19
		Kano		 mCPR is increasing No drop in mCPR due to COVID-19



Thank You!